



APPLICATION ORGANIC PROCESSOR CERTIFICATION

4102

NOTE: The entire certification process takes 90-120 days.

CONTACT PERSON			
BUSINESS NAME			
MAILING ADDRESS			
CITY	STATE	ZIP	
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER	
FAX NUMBER		EMAIL ADDRESS	
PHYSICAL LOCATION OF FACILITY (A separate application is needed for each facility.)			
CITY	COUNTY	STATE	PHONE

Custom Processing

Do you custom process organic products for another business? ☐ Yes ☐ No

If yes, list the company/companies that you custom process for?

BUSINESS NAME	ADDRESS
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Fees

Please complete the attached New Organic Processor Fees form. Include an estimate of the current calendar year gross revenue from sales or service fees of organic products processed and enclose the appropriate fee.

Agreement [The person signing the application must be authorized to represent the firm.]

I (We) [Business Name] _____ depose and say that
I (we) will fully comply with the statute and rules for the processing of organic products at this facility.

Signature of Representative _____ **Date** _____

Print Name _____ **Title** _____

SEND APPLICATION AND FEE TO: Washington State Dept of Agriculture PO Box 42591 Olympia WA 98504-2591	Checks returned by the bank will be charged a handling fee of \$25.00 (RCW 62A.3.51(a) and 62A.3.520) Note: All business related information submitted or collected is confidential and exempt from public inspection and copying (RCW 15.86.110)
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